

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000524

**Entity Name:** HEMA BIOLOGICS, LLC

**Current Principal Place of Business:**

4441 SPRINGDALE RD  
LOUISVILLE, KY 40241-1086

**Current Mailing Address:**

4441 SPRINGDALE RD  
LOUISVILLE, KY 40241-1086 US

**FEI Number:** 81-0861550

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SHEEHAN, PAM  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MANAGER  
Name           JONES SR., PAUL BRECKINRIDGE  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MEMBER  
Name           US WORLDMEDS VENTURES, LLC  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MEMBER  
Name           LABORATORIE FRANCAIS DU  
                  FRACTIONNEMENT ET DES  
                  BIOTECHNOLOGIES S.A.  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAM SHEEHAN

**MANAGER**

**03/01/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date